

| POSITION                  | INITIALS    | ID NO. | DATE     |
|---------------------------|-------------|--------|----------|
| FEE DETERMINATION         |             |        |          |
| O.I.P.E. CLASSIFIER       |             | 4.     | 1/23/01  |
| FORMALITY REVIEW          | Z. R. H. A. | 50851  | 02-09-01 |
| RESPONSE FORMALITY REVIEW |             |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date   |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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